

APPLICATION DATA SHEET**Application Information**

Application number::
Filing Date:: 10/31/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: No
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title :: TREATMENT OF HYPERKINETIC MOVEMENT DISORDER WITH DONEPEZIL
Attorney Docket Number:: 49321-103
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency:: No
Contract or Grant No::
Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Kathryn
Middle Name::
Family Name:: Chung
Name Suffix::
City of Residence:: Lake Oswego
State or Province of Residence:: OR
Country of Residence:: US
Street of mailing address:: 5541 Yorkshire Place
City of mailing address:: Lake Oswego
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97035

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steven
Middle Name::
Family Name:: Johnson
Name Suffix::
City of Residence:: Portland
State or Province of Residence:: OR

Country of Residence:: US
Street of mailing address:: 2721 SW Montgomery Drive
City of mailing address:: Portland
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97201

Correspondence Information

Correspondence Customer Number:: **22504**

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC § 119(e)	60/422,930	11/01/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	